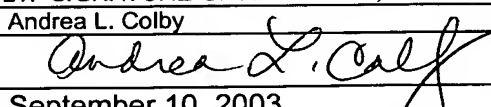
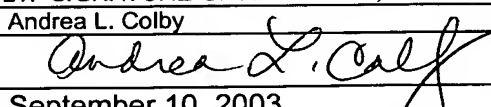
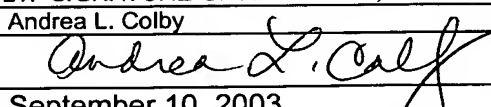


UTILITY PATENT APPLICATION TRANSMITTAL <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. JBP430CIP First Inventor Miriam Seiberg, et al. Title METHODS FOR TREATING SKIN CONDITIONS Express Mail Label No. EV065839363 US	03945 U.S. PTO 10/659598 09/10/03									
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450										
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(submit an original and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification [Total Pages 36] <small>(Preferred arrangement set forth below)</small> - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets] 5. Oath or Declaration [Total Pages] a. <input checked="" type="checkbox"/> Newly unexecuted (copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other										
18. <input checked="" type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: 09/110,409, filed July 6, 1998 and 09/698,454 filed October 27, 2000. Prior application information: Examiner Kevin E. Weddington and Marina Lamm Group Art Unit: 1614 and 1616 For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.												
19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input type="checkbox"/> Correspondence Address below Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA												
20. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to Andrea L. Colby at: Telephone: (732) 524-2792 Fax: (732) 524-2808												
21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">NAME</td> <td>Andrea L. Colby</td> <td style="width: 20%; text-align: right;">Reg. No. 30194</td> </tr> <tr> <td>SIGNATURE</td> <td colspan="2"></td> </tr> <tr> <td>DATE</td> <td colspan="2">September 10, 2003</td> </tr> </table>				NAME	Andrea L. Colby	Reg. No. 30194	SIGNATURE			DATE	September 10, 2003	
NAME	Andrea L. Colby	Reg. No. 30194										
SIGNATURE												
DATE	September 10, 2003											

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant: M. Seiberg et al.

For : METHODS FOR TREATING SKIN CONDITIONS

Express Mail Certificate

"Express Mail" mailing number: EV065839363US

Date of Deposit: September 10, 2003

I hereby certify that this complete application, including specification pages, claims, unexecuted assignment and declaration and postcard is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Maria S. Mulero

(Typed or printed name of person mailing paper or fee)

A handwritten signature in dark ink, appearing to read 'Maria S. Mulero', written in a cursive style.

(Signature of person mailing paper or fee)

FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	
	Filing Date	
	First Named Inventor	M. Seiberg et al.
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	JBP430CIP1

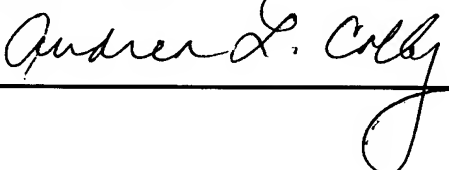
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	62 - 20 =	42	x 18.00	\$ 756.00
INDEPENDENT CLAIMS	14 - 3 =	11	x 84.00	\$ 924.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$2,430.00

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- ☒ Please charge Deposit Account No. 10-0750/JBP430CIP1/ALC in the amount of \$2,430.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/JBP430CIP1/ALC. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Andrea L. Colby	Reg. No. 30,194
Signature		Date: September 10, 2003
		Deposit Account No. 10-0750